Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935
Madison, WI 53708-8935

1400 E. Washington Avenue
Madison, WI 53703

FAX #: (608) 261-7083
Phone #: (608) 266-2112

E-Mail: web@drl.state.wi.us
Website: http://www.drl.state.wi.us

APPLICATION INFORMATION FORM

ATTENTION

IMPORTANT INFORMATION PLEASE READ

Enclosed is the application packet you recently requested from the Wisconsin Department of Regulation and Licensing.

To avoid any unnecessary errors, take a moment to review the entire application packet before you begin to complete your application.

We will mail you a check sheet within 10-15 *working* days after receipt of your application in this office. The check sheet will include an identification number that allows you to check the status of your application by calling the **Interactive Voice Response System, (608) 261-7925.** The Interactive Voice Response System will inform you of any requirements not met. You may also check the status of your application on our web-site: http://www.drl.state.wi.us. Look under "Applicant Services."

It is your obligation as an applicant to see that the items listed as "Is Required" are forwarded to the Department of Regulation and Licensing. The Department will not contact other agencies or jurisdictions for information/documents to complete your application. We will update check sheets within 3-5 working days *of receipt* of documents. An application is not considered complete until we receive all the required documents and fees.

Once your application is complete, check the department's web-site: http://www.drl.state.wi.us. Look under "Business/Professional License Lookup" for your official credential number and grant date.

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BUREAU OF HEALTH SERVICE PROFESSIONS

MUSIC, ART AND DANCE LICENSE TO PRACTICE PSYCHOTHERAPY APPLICATION

Under Wisconsin law, the Department must deny your application if you are liable for delinquent state taxes or child support (sec. 440.12, Stats.).

A person registered as a Music, Art or Dance Therapist may be granted a license to practice psychotherapy under rules promulgated by the Department in sections RL 140 through RL 142 of the Wisconsin Administrative Code for granting such a license.

- If you are not already registered as a Music, Art or Dance Therapist with this Department and are applying for a license to practice psychotherapy, please complete the application for registration (form #2425) and this application for licensure.
- If you are already registered as a Music, Art or Dance Therapist with this Department and are now applying for a license to practice psychotherapy, please complete this form.
- If you are applying for registration only, please do not complete this form.

☐ Your name and address are available to the public.
Check box if you wish your name & address withheld from lists of 10 or more credential holders (sec. 440.14, Stats.).

PLEASE TYPE OR PRINT IN INK

Last Name	First Name	MI	Former / Maiden Name(s)

Your Street Address (number, street, city, state, zip)

Mail To Address (if different)

Date of Birth
_____ _____ _____
month day year

Daytime Telephone Number
( ) _____ - _____

Ethnic/gender status information is optional.

Sex: ☐ M ☐ F

Ethnic: ☐ White, not of Hispanic origin ☐ Black, not of Hispanic origin ☐ Hispanic ☐ American Indian or Alaskan ☐ Asian or Pacific Islander ☐ Other

APPLICATION FEES **Please check applicable blank: Make check payable to Department of Regulation and Licensing and attach to application.**

For Receipting Use Only

____ **Exam Applicants**
$ 53.00 Initial Credential Fee
$ 57.00 State Law Exam Fee
$ 110.00 Total Fee Attached

____ **Reciprocity**
$ 53.00 Reciprocal Fee
$ 57.00 State Law Exam Fee
$ 110.00 Total Fee Attached

#2575 (Rev. 7/03)
Ch. 457, Stats.

Wisconsin Department of Regulation & Licensing

☐ I am applying for **initial licensure**. (Complete **a** through **g** in the appropriate section below.)
☐ I am already registered as a Music, Art, or Dance Therapist with this Department.
☐ I am applying **by reciprocity** based on a credential in another state. (Complete **b, c, d** and **h** in the appropriate section below.)

1. Music Therapist

☐ **a.** I am a Music Therapist Registered with the Wisconsin Department of Regulation and Licensing (WMTR) (or with this application will become so registered). Registration #_____.

☐ **b.** I have included payment for fees as specified below.

☐ **c.** I have completed the Convictions and Pending Charges form, if applicable.

☐ **d.** I have completed and am returning the Wisconsin Statutes and Rules examination that was included in the application packet.

☐ **e.** I hold a Master's or Doctorate degree in Music Therapy from a program approved by the American Music Therapy Association (AMTA), or a Master's or Doctorate degree in a related field recognized and accepted by the AMTA and the Certification Board for Music Therapists.

Degree: _____ Date: _____
Institution: _____

☐ As confirmation, I have sent a Certificate of Professional Education form to my degree-granting institution.

☐ **f.** I have completed 3,000 hours of Music Therapy practiced as psychotherapy, supervised by a person licensed to practice psychotherapy, designated the primary supervisor, and the primary supervisor met with me an average of one hour per week during the supervised practice period.

☐ My primary supervisor was:
Name: _____
Credential and Credential Number: _____

☐ My primary supervisor was not a registered Music Therapist. I therefore received additional supervision from a registered Music Therapist as my secondary supervisor, for at least 1,500 hours of Music Therapy. (The supervision by primary and secondary supervisors may occur during the same period.)

☐ My secondary supervisor was:
Name: _____
Credential and Credential Number: _____

☐ I have provided copies of the supervised practice form to my primary supervisor (and if appropriate, to my secondary supervisor), to be sent directly to the Department of Regulation and Licensing.

☐ **g.** I have passed the examination required for certification by the Certification Board of Music Therapists (CBMT), and have contacted the CBMT to verify that directly to the Department of Regulation and Licensing; or I hold registry from the National Music Therapy Registry (NMTR) and have contacted the NMTR to verify that directly to the Department of Regulation and Licensing.

☐ **h.** I hold a license to use psychotherapy in the practice of music therapy in another state, _____, and I have sent a Verification of Credential form to the authorities in that state.

2. Art Therapist

☐ **a.** I am an Art Therapist Registered with the Wisconsin Department of Regulation and Licensing (WATR) (or with this application will become so registered). Registration #_____.

☐ **b.** I have included payment for fees as specified below.

☐ **c.** I have completed the Convictions and Pending Charges form, if applicable.

☐ **d.** I have completed and am returning the Wisconsin Statutes and Rules examination that was included in the application packet.

☐ **e.** I hold a Master's or Doctorate degree in Art Therapy from a program accredited or approved by the American Art Therapy Association (AATA) or a program recognized as equivalent by the Art Therapy Credentials Board (ATCB).

Degree: _____ Date: _____

Institution: _____

☐ As confirmation, I have sent a Certificate of Professional Education form to my degree-granting institution.

☐ **f.** I have completed 3,000 hours of Art Therapy practiced as psychotherapy, supervised by a person licensed to practice psychotherapy, designated the primary supervisor, and the primary supervisor met with me an average of one hour per week during the supervised practice period.

☐ My primary supervisor was:

Name: _____

Credential and Credential Number: _____

☐ My primary supervisor was not a registered Art Therapist. I therefore received additional supervision from a registered Art Therapist as my secondary supervisor, for at least 1,500 hours of Art Therapy. (The supervision by primary and secondary supervisors may occur during the same period.)

☐ My secondary supervisor was:

Name: _____

Credential and Credential Number: _____

☐ I have provided copies of the supervised practice form to my primary supervisor (and if appropriate, to my secondary supervisor), to be sent directly to the Department of Regulation and Licensing.

☐ **g.** I have passed the examination required for certification by the Art Therapy Credentials Board (ATCB), and have contacted the ATCB to verify that directly to the Department of Regulation and Licensing.

☐ **h.** I hold a license to use psychotherapy in the practice of art therapy in another state, _____, and I have sent a Verification of Credential form to the authorities in that state.

3. Dance Therapist

☐ **a.** I am a Dance Therapist Registered with the Wisconsin Department of Regulation and Licensing (WDTR) (or with this application will become so registered). Registration #_____.

☐ **b.** I have included payment for fees as specified below.

☐ **c.** I have completed the Convictions and Pending Charges form, if applicable.

☐ **d.** I have completed and am returning the Wisconsin Statutes and Rules examination that was included in the application packet.

☐ **e.** I hold a Master's or Doctorate degree in Dance Therapy or Dance/Movement Therapy approved by the American Dance Therapy Association (ADTA), or have fulfilled the requirements of a program recognized by the ADTA as equivalent to a master's or doctorate degree in dance therapy or dance/movement therapy.

Degree: _____ Date: _____

Institution: _____

☐ As confirmation, I have sent a Certificate of Professional Education form to my degree-granting institution.

☐ **f.** I have completed 3,000 hours of Dance Therapy practiced as psychotherapy, supervised by a person licensed to practice psychotherapy, designated the primary supervisor, and the primary supervisor met with me an average of one hour per week during the supervised practice period.

☐ My primary supervisor was:
Name: _____
Credential and Credential Number: _____

☐ My primary supervisor was not a registered Dance Therapist. I therefore received additional supervision from a registered Dance Therapist as my secondary supervisor, for at least 1,500 hours of Dance Therapy. (The supervision by primary and secondary supervisors may occur during the same period.)

☐ My secondary supervisor was:
Name: _____
Credential and Credential Number: _____

☐ I have provided copies of the supervised practice form to my primary supervisor (and if appropriate, to my secondary supervisor), to be sent directly to the Department of Regulation and Licensing.

☐ **g.** I have passed the National Board for Certified Counselors (NBCC) examination or other certification examination approved by the American Dance Therapy Association (ADTA), and have contacted NBCC or ADTA to verify that directly to the Department of Regulation and Licensing.

☐ **h.** I hold a license to use psychotherapy in the practice of dance therapy in another state, _____, and I have sent a Verification of Credential form to the authorities in that state.

AFFIDAVIT OF APPLICANT

I, the above-named applicant, state that I am the person referred to in this application and that all the statements herein contained are each and all strictly true in every respect. I understand that false or forged statements made in connection with this application may be grounds for revocation of my license or other disciplinary action. I also understand that if I am issued a license, failure to comply with the laws or rules of the Department of Regulation and Licensing will be cause for disciplinary action.

_____
Signature of Applicant

State of _____ County of_____

Subscribed and sworn to before this _____ day of

_____, 20_____, by _____
(Applicant name)

_____
Signature of Notary Public

SEAL

_____
Date Commission Expires

NOTE: This affidavit must be signed by the applicant in the presence of the notary public on the same date.

Wisconsin Department of Regulation & Licensing

SOCIAL SECURITY NUMBER. Your social security number (or employer identification number if you are applying as a business entity) must be submitted with your application on this form. If you do not have a social security number you must submit a statement under oath or affirmation. If your social security number or a statement is not provided, your application will be denied.[1] A form for submitting a statement that you do not have a social security number is available from the department.

(Please Print)

_____

First Name Middle Initial Last Name

_____

Profession

Date of Birth _____ _____ _____

month day year

☐☐☐ - ☐☐ - ☐☐☐☐

Social Security Number or FEIN

The Department may not disclose the social security number collected above except to the Department of Workforce Development for purposes of administering the child and spousal support program,[2] to the Department of Revenue for the purpose of determining whether you are liable for delinquent taxes,[3] and to the federal Healthcare Integrity and Protection Data Bank for the purpose of reporting adverse actions against health care practitioners.[4]

[1] Section 440.03 (11m), Wis. Stats.

[2] Sections 49.22, and 440.13, Wis. Stats.

[3] Section 440.12, Wis. Stats.

[4] Health Insurance Portability and Accountability Act (HIPAA) of 1996

This form is authorized by secs. 440.12 and 440.14, Wis. Stats. Making a false statement in connection with this application may result in revocation or denial.

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BUREAU OF HEALTH SERVICE PROFESSIONS

AFFIDAVIT OF SUPERVISOR
MUSIC, ART OR DANCE THERAPY LICENSE TO PRACTICE PSYCHOTHERAPY

Supervisor Name: _____

Credential and Credential Number: _____ Date issued: _____

Applicant Name: _____

☐ **Primary Supervisor:**
Complete this section if you were the applicant's Primary Supervisor (i.e. you are a person licensed to practice psychotherapy and you supervised the applicant in his or her practice of music, art or dance therapy practiced as psychotherapy).

I affirm under oath that the above-named applicant has engaged in at least 3,000 hours of the practice of ☐ music therapy ☐ art therapy ☐ dance therapy as psychotherapy under my supervision, and that I met with the applicant an average of one hour per week during the supervised practice period.

_____
Signature of Supervisor

State of _____ County of _____

Subscribed and sworn to before this _____ day of

_____, 20____,

by _____
(Applicant name)

_____
Signature of Notary Public

_____
Date Commission Expires

SEAL

☐ **Secondary Supervisor:**
Complete this section if you were the applicant's Secondary Supervisor (i.e. you are a registered music, art or dance therapist, not licensed to practice psychotherapy, and you supervised the applicant in his or her practice of music, art or dance therapy.

I affirm under oath that the above-named applicant has engaged in at least 1,500 hours of the practice of ☐ music therapy ☐ art therapy ☐ dance therapy under my supervision, and that I met with the applicant an average of one hour per week during the supervised practice period.

_____
Signature of Supervisor

State of _____ County of _____

Subscribed and sworn to before this _____ day of

_____, 20____,

by _____
(Applicant name)

_____
Signature of Notary Public

_____
Date Commission Expires

SEAL

NOTE: This affidavit must be signed by the supervisor in the presence of the notary public on the same date.

Please return this completed form to: Department of Regulation and Licensing
P. O. Box 8935
1400 E. Washington Ave.
Madison, WI 53708-8935

#2586 (7/03)
Ch. 457, Stats.

Wisconsin Department of Regulation & Licensing

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CERTIFICATE OF PROFESSIONAL EDUCATION

MUSIC, ART OR DANCE THERAPIST

BUREAU OF HEALTH SERVICE PROFESSIONS

THIS FORM MUST BE COMPLETED BY YOUR PROFESSIONAL SCHOOL AND RETURNED DIRECTLY TO THE DEPARTMENT AT THE ABOVE ADDRESS.

APPLICANT - Please complete this section.	
NAME (First, Middle, Maiden, Last) _____	**Social Security Number*** __ __ __ - __ __ - __ __ __ __
ADDRESS (Number, Street, City, State, Zip) _____	**Date of Diploma** __ __ / __ __ / __ __

CERTIFYING SCHOOL - Please complete this section.	
NAME OF INSTITUTION _____	**LOCATION OF INSTITUTION** _____
DEGREE AWARDED - INCLUDING DEGREE FOCUS _____	**MAJOR** _____
DATE OF DIPLOMA _____	
AT THE TIME APPLICANT RECEIVED DEGREE SCHOOL WAS ACCREDITED BY:	

I certify that the above information is true.

_____
Signature of Dean or Department Head

_____
Title

SCHOOL SEAL

_____
Date

*Voluntary, for use in the school locating your records.

#2585 (11/19/02)
Ch. 457, Stats.

Wisconsin Department of Regulation & Licensing

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VERIFICATION OF CREDENTIAL

MUSIC, ART AND DANCE THERAPY
LICENSE TO PRACTICE PSYCHOTHERAPY

Please check credential type: ☐ Music Therapist ☐ Art Therapist ☐ Dance Therapist

The top portion of this form (numbers 1, 2, 3, 4, 5, and 6) must be completed by the applicant before forwarding to the jurisdiction where previously credentialed.

1. Name	**2. Previous Name(s)**

3. Address (number, street, city, state, zip code)

4. Date of Birth (month, day, year)	**5. Credential Number**	**6. Date Credential Issued**

I authorize the requested information to be furnished to the Wisconsin Department of Regulation and Licensing, Bureau of Health Service Professions.

_____ _____
Signature Date

APPLICANT: DO NOT WRITE BELOW THIS LINE – To be completed by a state other than Wisconsin

The lower portion of this form, beginning with number 7, must be completed by the state where you are credentialed (certified, registered, licensed) and returned directly to the Department of Regulation and Licensing, Bureau of Health Service Professions, at the above address before your application can be considered for certification.

7. Profession Credentialed (Please include level of credential.)	**8. Date Originally Credentialed** and level of credential
9. Credential was Issued by: ___ Examination ___ Waiver ___ Endorsement/Reciprocity ___ Grandmothered	**10. Credential is:** ___ Active (Date Expires _____) ___ Inactive

11. Has This Credential Ever Been Revoked, Suspended, Surrendered, Restricted, Limited, Placed on Probation?
___ Yes ___ No If yes, explain on reverse side.

12. If The Applicant Was Credentialed by Examination, Which Exam?

13. Name of Education Program Completed	**14. Name of School**
15. Location of School	**16. Year of Graduation**

17. Is this person authorized to practice psychotherapy in this state? ☐ **Yes** ☐ **No**

SEAL/STAMP

Signature: _____
Title: _____
State: _____
Date: _____

#2587 (11/19/02)
Ch. 457, Stats.

Wisconsin Department of Regulation & Licensing

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REQUEST FOR VERIFICATION OF CERTIFICATION, REGISTRATION OR ACCREDITATION MUSIC, ART OR DANCE THERAPIST

BUREAU OF HEALTH SERVICE PROFESSIONS

APPLICANT

PLEASE COMPLETE THIS FORM AND FORWARD TO THE ORGANIZATION WHERE YOU ARE CERTIFIED, REGISTERED OR ACCREDITED.

The **State of Wisconsin** requests a verification of certification, registration or accreditation concerning the following individual:

NAME _____ SOCIAL SECURITY NUMBER* _____

ADDRESS _____ DAYTIME PHONE NUMBER _____

CITY, STATE AND ZIP _____ DATE OF BIRTH _____

NAME IF DIFFERENT FROM ABOVE _____ CREDENTIAL # _____

DATE OF BIRTH _____

Applicant Signature _____ **Date**

PLEASE MAIL VERIFICATION TO THE FOLLOWING ADDRESS:

Department of Regulation & Licensing
Bureau of Health Service Professions
PO Box 8935
Madison WI 53708-8935

*For use in locating your records.

#2426 (Rev. 11/19/02)
Ch. 440, Stats.

Wisconsin Department of Regulation & Licensing

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CONVICTIONS AND PENDING CHARGES

If you have been convicted of a crime or have criminal charges pending against you, complete this form and return it with your application. Include a $6.00 Crime Information Bureau report fee in addition to your original application fees.

The Fair Employment Act (sections 111.31-111.395, Wis. Stats.) prohibits employment discrimination on the basis of conviction record or arrest record unless the circumstances of the conviction or arrest substantially relate to the circumstances of the particular job or licensed activity. The information requested on this form will be used to determine whether your application should be granted, approved with limitations, or denied. The information you provide on this form may be verified against criminal information records. Omission of information on this form will be considered a false statement on an application.

Profession you are applying for: _____

Last Name	First Name	MI	Former / Maiden Name(s)

Your Street Address (number, street, city, state, zip)

Mail To Address (if different)

Date of Birth	Social Security Number
month _____ day _____ year _____	Information helps us identify your record, but is voluntary. It is not available to the public.

Ethnic/gender information is required to check criminal information records.

Sex: ☐ M ☐ F

Ethnic: ☐ White, not of Hispanic origin ☐ Black, not of Hispanic origin ☐ Hispanic ☐ American Indian or Alaskan ☐ Asian or Pacific Islander ☐ Other

1. List all other names used: _____

2. List all felonies, misdemeanors, and other violations of state or federal law of which you have ever been convicted, in this state or any other, whether the conviction resulted from a plea of no contest or a guilty plea or verdict. For each, list the date and location of the conviction. Please include <u>all</u> convictions that involved alcohol or other drug use, including convictions for operating while intoxicated. Do not include municipal ordinance violations or other traffic offenses.

   It is your responsibility to submit certified copies of the police report or criminal complaint, judgment of conviction and sentencing, and verification of your compliance with all terms of each sentence, including chemical dependency assessments if ordered by the court. If the conviction is old and records have been destroyed, you must submit a written description of each offense, along with an explanation of the penalties imposed and verification that you completed all requirements.

OFFENSE	**DATE**	**CITY/STATE**

Attach additional sheet(s) if necessary.

Wisconsin Department of Regulation & Licensing

		YES	NO	MO/YR COMPLETED
3.	Have you ever been sentenced by a court to participate in an alcohol or other drug assessment, treatment or counseling program?	☐	☐	_____
	Did you successfully complete the program?	☐	☐	_____

Please attach the certificate of completion/discharge summary.

	(Check all that apply)	YES	NO	MO/YR COMPLETED
4.	Have you ever been sentenced to: ☐ Probation	☐	☐	_____
	☐ Parole	☐	☐	_____
	☐ Ordered to pay restitution	☐	☐	_____
	Did you successfully complete one of the above as ordered by the court?	☐	☐	_____

If you are <u>currently</u> on probation or parole, you must request your probation/parole officer to send a letter describing your current probation/parole requirements and your compliance with supervision.

5. List all felonies, misdemeanors, or other violations of state or federal law for which you have been arrested and which are **<u>pending</u>**. Submit a copy of the police report/criminal complaint for each of the following pending charges.

PENDING CHARGE	DATE OF ARREST	LOCATION OF ARREST (city/state)

Comments you wish to make regarding your convictions or pending charges. Attach another sheet if necessary.

_____

_____

_____

_____

AFFIDAVIT OF APPLICANT

I state that I am the person referred to in this document and that all the information which I provided above is true in every respect. I understand that false or forged statements made in this document in connection with my application for a credential, or failing to provide relevant information, may be grounds for denial of the application, revocation of the credential granted to me, or criminal prosecution. This document must be signed before a notary public.

_____
Signature

State of _____ County of _____

Signed and sworn before me this _____ day of _____, 20 _____ by _____
(applicant's name)

_____
Signature of Notary Public

My commission (is permanent) _____ expires _____. **SEAL**

Wisconsin Department of Regulation & Licensing

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NOTICES

TIME FOR REVIEW AND DETERMINATION OF CREDENTIAL APPLICATIONS

Generally, a credentialing authority is required to make a determination on an original application for a credential within 60 business days after a completed application is received.[a] An application is completed when all materials necessary to make a determination on the application and all materials requested by the licensing authority have been received.

PROCEDURES ON APPLICATION DENIAL

An applicant who receives a notice of denial may request a hearing to challenge the denial by filing a request with the appropriate board or the department within 45 days after the mailing of the notice of denial. The request must contain the applicant's name and address, the type of license sought, the reasons why a hearing is requested and a description of the mistake the applicant believes was made, if the applicant claims that the denial was based on a mistake of fact or law. Hearing procedures are specified in ch. RL 1 of the Wisconsin Administrative Code. A copy of ch. RL 1 is available at most public libraries, on the Internet through the index at *http://www.legis.state.wi.us/rsb/code/rl/rl.html* and may also be obtained from the department.

MAILING ADDRESS AND CHANGE OF ADDRESS

Credential holders may use a business address as a mailing address for department mail. A change of address must be reported to the department within 30 days.

PERSONALLY IDENTIFIABLE INFORMATION: USE AND AVAILABILITY

Information collected on an application form is required and will be used to determine eligibility for a credential or examination. It is not likely that the department will use information collected by these forms for other purposes.

Credentialing is a public process with a goal of identifying those competent to protect the public. The name, city, and status of credential holders are accessible at the Department's website at *http://www.drl.state.wi.us/* under "Credential Holder Query." Information collected on application and examination forms is available for inspection to the public under Wisconsin laws governing public records.

AMERICANS WITH DISABILITIES ACT

The Department complies with the Americans With Disabilities Act of 1990. The Department will make reasonable modifications to policies, practices and procedures when modifications are necessary to avoid discrimination on the basis of disability and will make reasonable accommodations necessary to provide a qualified individual with a disability with equal access to department programs.

Communications and examinations: Individuals who need auxiliary aids for effective communication in programs and services or who wish to request special accommodations for examinations, please call (608) 266-2852 or TTY at (608) 267-2416.

Complaints: Procedures for alleging violations of the Americans with Disabilities Act of 1990 may be obtained by calling the Department's ADA Coordinator at (608) 266-8608 or TTY at (608) 267-2416.

#1988 (Rev. 2/03) ss. 15.04 (1) (m), 19.35, Stats.

[a] Section RL 4.06 of the Wisconsin Administrative Code

Wisconsin Department of Regulation & Licensing

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APPLICATION PACKET ADDENDUM (INTERNET)

Music , Art and Dance license to Practice Psychotherapy Application Packet

For the application packet that you have just downloaded, there are additional materials needed.

Please complete this form and fax it to the number listed above. Once the form is returned we will mail the additional items to the address you have provided. If you prefer, you can mail this form directly to the Department of Regulation and Licensing, P.O. Box 8935, Madison, WI 53708.

Please indicate on this form if you have downloaded the Wisconsin Statutes and Code Book for this profession. ☐ Yes ☐ No

PLEASE PRINT OR TYPE

_____ _____
Full Name Daytime Phone Number

_____
Street Address

_____
PO Box

_____
City, State, Zip

Thank you.

#2612 (4/03)